

आंकिता विजयवर्गीय

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ग्राह आई. फैलोशिप :

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डेयोलाजिस्ट :

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र लाल नेहरू कैंसर हॉस्पिटल, भोपाल

PATIENT'S NAME : MRS. POONAM

REF. BY : DR. VARUNA PATHAK (MS, DNB)

DR. ANKITA VIJAYVARGIYA

MBBS, DMRD

MRI FELLOWSHIPS :

• NANAVATI HOSPITAL, MUMBAI

• HINDUJA HOSPITAL, MUMBAI

FORMER RADIOLOGIST AT:

• FORTIS HOSPITAL, NOIDA

• G.T.B HOSPITAL, DELHI

• REGENCY HOSPITAL LTD, KANPUR

• JAWAHAR LAL NEHRU CANCER HOSPITAL, BHOPAL

FMF Certified from

Fetal Medicine Foundation

Reg. No. MP-8932

AGE/SEX : 32Y/F

DATE : 01.08.2022

OBSTETRIC USG (EARLY ANOMALY SCAN)

LMP: 07.05.2022

GA(LMP):12wk 2d

EDD : 11.02.2023

- Single live fetus seen in the intrauterine cavity in **variable** presentation.
- Spontaneous fetal movements are seen. Fetal cardiac activity is regular and normal & is 159 beats /min.
- PLACENTA: is **grade I, high posterior & not low lying.**
- LIQUOR: is **adequate** for the period of gestation.

Fetal morphology for gestation appears normal.

- Cranial ossification appears normal. Midline falx is seen. Choroid plexuses are seen filling the lateral ventricles. No posterior fossa mass seen. Spine is seen as two lines. Overlying skin appears intact.
- No intrathoracic mass seen. No TR .
- Stomach bubble is seen. Bilateral renal shadows is seen. Anterior abdominal wall appears intact.
- Urinary bladder is seen, appears normal. 3 vessel cord is seen.
- All four limbs with movement are seen. Nasal bone well seen & appears normal. Nuchal translucency measures 1.4 mm (WNL).
- Ductus venosus shows normal flow & spectrum with positive "a" wave (PI ~ 0.59)

FETAL GROWTH PARAMETERS

CRL	58.5	mm	~	12	wks	2	days of gestation.
Estimated gestational age is	12 weeks 2 days	(+/- 1 week).	EDD by USG :	11.02.2023			
Internal os closed. Cervical length is WNL (38.9 mm).							
➢ Baseline screening of both uterine arteries was done with mean PI ~ 1.41 (WNL for gestation).							
➢ Incidentally noted anechoic cyst ~38.1 x 33.7 mm with a thin in septa in right ovary .							
➢ Date Of Last Delivery 02.10.2016							
➢ Gestation at delivery of last pregnancy 40 weeks 0 days.							

PRESSION:

- Single, live, intrauterine fetus of 12 weeks 2 days +/- 1 week.
- Gross fetal morphology is within normal limits.
- Right ovarian simple cyst - likely benign functional cyst .

Follow up at 19-22 weeks for target scan for detailed fetal anomaly screening.

Declaration : I have neither detected nor disclosed the sex of the fetus to pregnant woman or to anybody. (It must be noted that detailed fetal anatomy may not always be visible due to technical difficulties related to fetal position, amniotic fluid volume, fetal movements, maternal abdominal wall thickness & tissue ecogenicity. Therefore all fetal anomalies may not be detected at every examination. Patient has been counselled about the capabilities & limitations of this examination.)

(DR. ANKITA VIJAYVARGIYA)

First Trimester Screening Report

Malviya Poonam

Date of birth : 11 September 1989, Examination date: 01 August 2022

Address: hno. t-90, rajved colony kolar
road
Bhopal
INDIA

Referring doctor: Dr. Varuna Pathak (MS , DNB)

Maternal / Pregnancy Characteristics:

Racial origin: South Asian (Indian, Pakistani, Bangladeshi).

Parity: 1; Deliveries at or after 37 weeks: 1.

Maternal weight: 56.0 kg; Height: 157.5 cm.

Smoking in this pregnancy: no; Diabetes Mellitus: no; Chronic hypertension: no; Systemic lupus erythematosus: dont know; Antiphospholipid syndrome: dont know; Preeclampsia in previous pregnancy: no; Previous small baby: no; Patient's mother had preeclampsia: no.

Method of conception: Spontaneous;

Last period: 07 May 2022

EDD by dates: 11 February 2023

First Trimester Ultrasound:

US machine: logiq f6. Visualisation: good.

Gestational age: 12 weeks + 2 days from dates

EDD by scan: 11 February 2023

Findings	Alive fetus
Fetal heart activity	visualised
Fetal heart rate	159 bpm
Crown-rump length (CRL)	58.5 mm
Nuchal translucency (NT)	1.4 mm
Ductus Venosus PI	0.590
Placenta	posterior high
Amniotic fluid	normal
Cord	3 vessels

Chromosomal markers:

Nasal bone: present; Tricuspid Doppler: normal.

Fetal anatomy:

Skull/brain: appears normal; Spine: appears normal; Heart: No TR.; Abdominal wall: appears normal; Stomach: visible; Bladder / Kidneys: visible; Hands: both visible; Feet: both visible.

Uterine artery PI:	1.41	equivalent to 0.840 MoM
Mean Arterial Pressure:	115.6 mmHg	equivalent to 1.400 MoM
Endocervical length:	38.9 mm	

Risks / Counselling:

Patient counselled and consent given.

Operator: DR. ANKITA VIJAYVARGIYA, FMF Id: 204664

Condition	Background risk	Adjusted risk
Trisomy 21	1: 414	1: 8272
Trisomy 18	1: 984	1: 19679
Trisomy 13	1: 3094	<1: 20000
Preeclampsia before 34 weeks		1: 102

First Trimester Screening Report

Fetal growth restriction before 37 weeks

1: 136

The background risk for aneuploidies is based on maternal age (32 years). The adjusted risk is the risk at the time of screening, calculated on the basis of the background risk and ultrasound factors (fetal nuchal translucency thickness, nasal bone, tricuspid Doppler, ductus venosus Doppler, fetal heart rate).

Risks for preeclampsia and fetal growth restriction are based on maternal demographic characteristics, medical and obstetric history, uterine artery Doppler and mean arterial pressure (MAP). The adjusted risk for PE < 34 weeks or the adjusted risk for FGR < 37 weeks is in the top 10% of the population. The patient may benefit from the prophylactic use of aspirin. All biophysical markers are corrected as necessary according to several maternal characteristics including racial origin, weight, height, smoking, method of conception and parity.

The estimated risk is calculated by the FMF-2012 software (version 2.81) and is based on findings from extensive research coordinated by the Fetal Medicine Foundation (UK Registered charity 1037116). The risk is only valid if the ultrasound scan was performed by a sonographer who has been accredited by the Fetal Medicine Foundation and has submitted results for regular audit (see www.fetalmedicine.com).

